



LOS ANGELES COUNTY COMMISSION ON HIV

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While not required of meeting participants, signing-in constitutes public notice of attendance. Presence at meetings is recorded solely based on sign-in sheets, and not signing-in constitutes absence for Commission members. Only members of the Commission on HIV are accorded voting privileges, thus Commissioners who have not signed in cannot vote. Sign-in sheets are available upon request.

COMMISSION ON HIV MEETING MINUTES April 9, 2009

Approved
4/30/09

MEMBERS PRESENT	MEMBERS ABSENT	PUBLIC	PUBLIC, cont.
Carla Bailey, <i>Co-Chair</i>	Anthony Bongiorno	Joe Acosta	Rob Rey
Anthony Braswell, <i>Co-Chair</i>	Carrie Broadus	Ronna Albea	Rich Roberts
Sergio Aviña	Eric Daar	Lomax Burnett	Julian Sanchez
Al Ballesteros	Terry Goddard	David Crain	Lambert Terry
Robert Butler	Angélica Palmeros	Mark Davis	Jay Villarreal
Nettie DeAugustine	Peg Taylor	Herbert Ellis	Doris Wahl
Whitney Engeran-Cordova	Chris Villa	Susan Forrest	Frank Ybarra
Douglas Frye	Kathy Watt	Thelma Garcia	
David Giugni		Paul Hagan	
Jeffrey Goodman		Tracy Horn	OAPP/HIV EPI STAFF
Joanne Granai	COMMISSION STAFF/CONSULTANTS	Miki Jackson	Chi-Wai Au
Michael Johnson		Lisa Johnson	Kyle Baker
Lee Kochems	Julie Cross	Michael Johnson	Maxine Franklin
Brad Land	Carolyn Echols-Watson	Jillian Martin	Gary Gant
Ted Liso	Dawn McClendon	Victor Martinez	Michael Green
Anna Long	Jane Nachazel	Rich Mathias	Mary Orticke
Manuel Negrete	Glenda Pinney	Diana Molino	Bennie Rose
Quentin O'Brien	Doris Reed	Facquil Morris	Carlos Vega-Matos
Everardo Orozco	James Stewart	Ruel Nollo	Juhua Wu
Dean Page	Craig Vincent-Jones	Melissa Nuestro	Dave Young
Mario Pérez	Nicole Werner	Michael O'Malley	
Robert Sotomayor/Marcos Aviles		Steven On	
Fariba Younai		Ricky Pulatine	

- CALL TO ORDER:** Mr. Braswell called the meeting to order at 9:10 am.
A. Roll Call (Present): Aviles, Aviña, Ballesteros, Braswell, DeAugustine, Engeran-Cordova, Frye, Giugni, Goodman, Granai, Johnson, Kochems, Land, Liso, Long, Negrete, O'Brien, Orozco, Page, Younai
- APPROVAL OF AGENDA:**
MOTION #1: Approve the Agenda Order (*Passed by Consensus*).
- APPROVAL OF MEETING MINUTES:**
MOTION #2: Approve the minutes from the March 12, 2009 Commission on HIV meeting (*Passed by Consensus*).
- CONSENT CALENDAR:**
MOTION #3: Approve the Consent Calendar with Motions 4, 5 and 6 removed (*Passed by Consensus*).

5. PARLIAMENTARY TRAINING:

- Mr. Stewart noted the last 8:30 to 9:00 am parliamentary briefings will be in May. The series will resume in January 2010.
- Mr. Vincent-Jones noted the Commission is covered by the Brown Act which requires all substantive discussions be agendized for public participation. County Counsel has advised that email, phone or other communication among members is prohibited if a quorum of the body (Commission or committee) is involved whether, at one time or in a serial manner, since a quorum constitutes a deliberative body and, in effect, becomes a meeting outside public view.
- Application of the Brown Act requires members to exercise their own judgment. The spirit of the law is to avert decision-making outside public meetings. Communications can raise questions if more than a handful of members are involved.
- Mr. O'Brien noted that he had emailed less than a quorum of Commissioners to request feedback on an issue and received two responses. Since Mr. Vincent-Jones was not included on the email and did not know who it had been sent to, he advised against the discussion process by email to the entire Commission.
- Mr. Vincent-Jones reminded the Commission to err on the side of caution, and whether or not an actual quorum is on the email, the "spirit" of the Brown Act entails discussing items of substance at the meeting and not in other, non-public venues.
- Mr. Engeran-Cordova noted the importance of ensuring lawful communication without chilling it. Suggestions included not using "Send All" or "Reply All" functions and adding, "Do not forward."

6. PUBLIC COMMENT, NON-AGENDIZED:

- Ms. Forrest announced that the free "Coping With Hope" all-day conference hosted by the HIV Mental Health Task will be 5/21/2009 at the California Endowment. CEUs are available for dentists, mental health professionals and nurses.
- Mr. O'Malley, AHF, reported that the Positive Healthcare Medi-Cal managed care program was re-activated 4/8/2009 with all benefits and coverage intact. AHF is contacting members enrolled as of March 2009 to re-enroll in the program effective 5/1/2009. AHF has negotiated a rate with the state that allows them to break even. He noted that community support made a significant difference in the change of decision.
- Mr. Acosta, Co-Chair, Inland Empire Planning Commission (IEPC), was visiting to initiate a cooperative effort with planning councils. He was joined by Doris Wahl, a new IEPC applicant originally from Los Angeles, and his partner, Paul Hagan. He encouraged Commissioners to visit the IEPC in Palm Springs.
- Mr. Burnett, Director of Fundraising, Center for AIDS Prevention (CAP), located in Beverly Hills, said his agency works to bring awareness to and raise funds for HIV/AIDS. He noted CAP has been the subject of recent *New York Times* articles. He thanked the Commission for its work and invited Commissioners to get involved.
- Mr. Martinez, Bienestar, reported the PPC initiated a Latino Task Force last month. The first monthly meeting will be 4/17/2009, 10:00 am to 12:00 noon, at OAPP. All serving or interested in serving Latino clients are invited.
- ➡ Place CAP on the May Commission meeting agenda under Public/Commission Comment Follow-Up to better assess the organization's background and questions raised in the *New York Times* articles.
- ➡ Staff will follow-up with Mr. Ellis, 27 years HIV+, who wants to offer his EMT services but cannot afford licensing.

- 7. COMMISSION COMMENT, NON-AGENDIZED:** Mr. Page reported that he had been referred to a specialist for a root canal. He checked HIV and Hepatitis on the intake form. The specialist then said he could not do the work, but would for \$960 if no other dentist would do it. He was concerned about requirement that he have to pay. Mr. Page was instructed to talk with OAPP clinical staff about the issue.

- 8. PUBLIC/COMMISSION COMMENT FOLLOW-UP:** There were no additional comments.

- 9. CO-CHAIRS' REPORT:** There was no report.

10. STANDING COMMITTEE REPORTS:

A. Priorities & Planning (P&P) Committee:

1. OAPP's Annual Financial Reports:

- Mr. Young presented the reports which provide a recap of spending for the County FY 7/01/2007-6/30/2008.
- Included in the packet with the reports was a list of questions and answers developed by P&P in January 2009.
- Program costs are expenditures in furtherance of direct services including training, program coordination and management. Program Support costs pertain to oversight including TA, Quality Management, Finance and IS. Administration costs include ensuring grant requirements are met, clerical, administrative and overhead expenses.
- Total expenditures were \$87,119,814. Detailed schedules presented expenditures from different funding streams.
- Net County Cost (NCC) funds some services directly, absorbs costs beyond those a grant can sustain like for Part A Medical Outpatient, and funds some OAPP staff. Funds identified by fiscal audit as owed to the County go in NCC.

- The three main categories of state funding are: AIDS Drug Assistance Program (ADAP), Master Grant Agreement, and Center for Substance Abuse Treatment and Prevention (CSAT/CSAP). Most funds were expended with the main exception of \$325,498 in EIP funds state-restricted to three sites not expended due to agencies' inability to hire staff. OAPP is negotiating with the state to allow greater latitude in shifting funds to expend them if needed.
 - CDC funding runs January through December. To align with other funding streams, data was drawn from two terms for July-December 2007 and January-June 2008. Only expenditures and not variances are shown for that reason.
 - The final set of schedules presents the OAPP budget for Salaries and Employee Benefits (S&EB), Services and Supplies (S&S), and the Budget Walk-Through or summary. The budget is developed over a multi-month process, endorsed by the Chief Executive Office (CEO) and approved by the Board. Contractual expenditures are the largest S&S expense. It also includes Commission support and intradepartmental expenses under Administrative Services.
 - Mr. Engeran-Cordova asked if total administrative costs for grants were 5.35%. Mr. Young said it was.
 - He also asked if the 29.48% vacancy rate for the 247 items was usual. Mr. Young replied it ranged from 25-30%.
- MOTION #4:** Accept OAPP's annual financial reports for 2008, as presented (*Passed by Consensus*).
2. **Monthly Expenditure Reports:** There was no additional discussion on these reports through 1/31/2009 in the packet.
 3. **Minority AIDS Initiative (MAI):**
 - Mr. Goodman noted the FY 2009 MAI Application was in the packet with P&P questions for OAPP raised by the MAI Subcommittee. A verbal response was expected as the request was so recent.
 - Dr. Green reported all MAI YR 1 funds would be expended by the end of YR 2, 7/31/2009, as required by HRSA. Oral Health (OH) providers have contracts in place and have been sent the new laboratory reimbursement schedule. The increased capacity including additional sites and increased demand will fully deplete the YR 1 carry-over funds.
 - OAPP triangulates data to estimate spending by all providers to maximize funds. Data sources include: historic, documented expenditures from monthly provider reports; provider client counts; provider reports on likelihood of expending funds; capacity changes reported by providers like loss of staff; assessment of service demand by clients countywide; and any anecdotal information collected during the year.
 - HRSA has indicated it will approve carry-over funds from YR 2 to YR 3 under YR 1 carry-over guidelines. OAPP expects to expend most YR 2 Medical Case Management (MCM) and Early Intervention Services (EIS) per Commission percentages by the end of YR 2, 7/31/2010. OAPP expects to underspend Oral Health primarily due to the additional \$1+ million in YR 1 carry-over funds. By carrying funds from YR 2 to YR 3, OAPP will be able to continue funding laboratory reimbursement costs which would not otherwise be fundable by cost reimbursement. OAPP expects to expend all Oral Health funds by the end of MAI YR 3, 7/31/2011.
 - HRSA does not require YR 1 funds to be expended prior to YR 2 funds. OAPP began expending YR 2 funds at the start of YR 2, 8/01/2008, which was necessary since the carry-over request was only approved March 2009.
 - Dr. Green said information on OAPP-provider communications on implementing contracts pertains to a contracting and reimbursement strategy not appropriate for discussion in this venue. OAPP encourages providers to rely on written communication on contractual matters and to ask OAPP program managers for clarification of questions.
 - Mr. Vincent-Jones asked if OAPP had an estimate of the YR 2 to 3 carry-over and, if so, whether there would be sufficient capacity to expend it. Dr. Green replied that, as laboratory reimbursement was new, expenditures were not yet estimated. Any underspending would either be redistributed among Oral Health care providers based on capacity and/or OAPP will return to the Commission to discuss redistribution to MCM and/or EIS.
 - Mr. Engeran-Cordova asked what venue was appropriate to address system-wide questions. Mr. Vincent-Jones said the Assessment of the Administrative Mechanism, which will focus on MAI this year, will address those issues.
 - Mr. Vincent-Jones noted discussion at the last Committee meeting on the removal of OAPP's delegated authority from the Board letter authorizing FY 2009 contract extensions, which precludes OAPP from augmenting contracts until the new FY 2009 contracts are approved. He asked if Commission support could help renew delegated authority earlier to move funds more quickly. Mr. Pérez replied most staff energy was now directed to the YR 19 Board letter for multiple service categories to be effective 6/1/2009, and that his staff did not have the time to devote to restoring delegated authority. He added that their Board letter timeline includes department, CEO, Health Deputy and Board deliberation. CEO reconsideration would mean a new Board letter distracting from YR 19 work and gaining only about a week. Funds are included with YR 19 recommendations.
 - ➡ Mr. Pérez will fax laboratory reimbursement schedules and provider authorization letters as not all were received.
 - ➡ Mr. Pérez will provide a list of Oral Health providers and newly covered laboratory procedures for consumer distribution.
 4. **Benefits Specialty Re-Allocation Plan:** Mr. Goodman called attention to a memorandum in the packet explaining that OAPP was unable to fund Benefits Specialty as a separate service category for FY 2009. As its 2% funding was taken from Case Management, Psychosocial (CM/P) based on estimates of Benefits Specialty services within CM/P, P&P is

recommending returning the funds to that category for FY 2009 with a directive to direct those funds toward those services.

MOTION #5: Approve FY 2009 re-allocations plan resulting from unspent Benefits Specialty services, as presented (*Passed by Consensus*).

5. **SPA 1 Adversity Sector Allocations:**

- Mr. Goodman presented a SPA 1 Service Model and Allocation memorandum on Committee and SPA 1 Allocations Work Group recommendations. They respond to a 11/12/2008 Board motion directing OAPP to solicit new SPA 1 services through Request For Proposals (RFPs) and Chief Health Officer Jonathan Fielding's response to the motion recommending a comprehensive set of care, treatment and prevention services to address SPA 1 disparities.
- The Commission is charged with developing the local continuum of care including priorities, allocations and directives. While the Board motion only required OAPP response, OAPP's response necessitates Commission participation.
- Adversity sector planning by 2011 is a Comprehensive Care Plan goal with criteria development in 2009. Such sectors challenge standard service delivery within or across District or SPA boundaries, much like special populations do. An initial list of nine criteria includes resource limitations/capacity and physical/geographic limitations.
- SPA 1 met all current criteria. In addition, OAPP data shows that 75% of SPA 1 PWH are reliant on Ryan White. That is significantly more than the rate in other SPAs, underscoring the importance of addressing disparities.
- The recommendation utilizes threshold funding to ensure that appropriate infrastructure is available to support services. The approximate funding for Part A, Part B and MAI is \$40 million or about \$2,350 for each of 17,000 clients. While there are 300 current SPA 1 clients receiving services in SPA 1, it is estimated that available services will draw 400. If SPA 1 received \$2,350 per client, 400 clients would result in a share of \$940,000. Yet, SPA 1 has unusual expenses like \$600 for one taxi ride to medical care outside the SPA. The recommendations address that with a minimum overall allocation of \$1 million.
- Eleven essential services were prioritized as a group to target local SPA 1 needs. Mr. Goodman noted Medical Outpatient/Specialty (MO/S) is listed as the Commission uses a combined standard, but it is understood not all specialties may be provided locally. Medical Care Coordination (MCC) would launch the first pilot of that service.
- Part A recommendations include percentages for MO/S (40%), MCC (20%) and Mental Health, Psychiatry (3%), but staff or service goals for Mental Health, Psychotherapy; Oral Health; Transportation and Benefits Specialty. ADAP Enrollment; EIS; Medical Nutrition Therapy and Substance Abuse, Treatment are funded through other sources.
- Ms. Jackson, AHF, noted the Board motion did not require so sweeping a proposal. She felt the proposal was prepared too quickly with too little data and would set a troubling precedent as did several others.
- Mr. Sotomayor presented written comments from four SPA 1 PWH. All spoke of the need for more services.
- Mr. Giugni questioned capacity to provide identified services. Mr. Goodman said the goal was to enhance capacity.
- Dr. Frye said SPA 1 prevalence remained consistent at 136 per 100,000; the lowest in the County at 1%. The population does differ demographically: 22% female, 19% IDU, 33% African-American, and 11% heterosexual. It is also the most rural SPA. He preferred starting at \$2,350 for the current 300 clients for a minimum of \$705,000.
- Mr. O'Brien agreed that the rural area and high poverty are two main public health indicators for lack of access. On the other hand, the Commission must address needs countywide. OAPP has not said more funds were needed and the Board motion only spoke to replacing services previously contracted by the Antelope Valley Hope Foundation.
- Mr. Johnson wants access parity, but is not certain the proposal does that even as it increases expenditures by \$500,000+ in a tight economy. SPA 1, by its very uniqueness, also would seem a poor choice for a pilot program.
- Dr. Younai appreciates the intent of the proposal, but felt the real issue was provision of health care in rural areas regardless of HIV diagnosis. She felt a new model was needed, but should focus on infrastructure for rural areas like telemedicine noted in one directive. She offered to work on the subject through the Standards of Care Committee.
- Mr. Engeran-Cordova expressed appreciation for the work done on the proposal. He acknowledged the needs of SPA 1 and noted Geographic Estimate of Need is routine. He is concerned the Commission entered the discussion late for a 11/12/2008 motion which appears to have a much smaller reach, but does not want to delay the RFP.
- Mr. Kochems felt the RFP should address the motion alone and a fuller discussion continue on a new model.
- Mr. Pérez reported the Board motion instructed OAPP to develop a plan within 30 days to solicit services in SPA 1 primarily to address closure of the Antelope Valley Hope Foundation. There were also several meetings generating feedback on services from consumers and providers, including one with the Public Health Area Health Officer. He said OAPP has updated Dr. Fielding monthly who has shared updates with the Board for the 6/01/2009 RFP release.

- Ms. Granai said much of the epidemic is hidden due to poor testing rates. Rates for Hepatitis C, STDs and pregnancy point to higher undiagnosed HIV. In addition, SPA 1 providers have asked repeatedly for reports on work done by non-SPA 1 providers who appear to bill for undelivered services. She noted only 3% is being requested.
- Mr. Liso supported more research and, meanwhile, incentives to develop a medical community and transportation. Having grown up in a rural area, he noted it can take 15 to 20 years to develop medical services.
- Mr. Ballesteros suggested supporting key services like Oral Health and transportation while a broader model is developed.
- Mr. Land noted patients entering waiting rooms in SPA 1 are sicker and much more likely to die. While it is hard to make decisions, \$348,000 will go to SPA 1 in any case – and make no difference without change.
- Several Commissioners emphasized their responsibility to all PWH and the need to deliberately choose the best path.
- Mr. Aviña noted a large Latino population in SPA 1. He recommended the model address bi-lingual services.
- Mr. Negrete lives in SPA 1 and supports a 3% allocation regardless of its distribution.
- Mr. Page, a member of the Hepatitis C Task Force and Hepatitis C Coalition, said a presentation at the Coalition's last meeting showed highest prevalence in SPA 1. A large IDU population fuels co-morbidities, many undiagnosed.
- Mr. Braswell, 20 years HIV+, expressed appreciation for everyone's dedication and passion that support people like him. SPA 1 has special interacting challenges like geography, demographics and substance abuse in meeting health care needs. He hears most want to do something and many want more review. He trusts OAPP will work to incorporate input.
- Mr. Goodman was not averse to returning the proposal to Committee, but felt time was too short for OAPP to wait long. He added that work was done quickly, but it was also done deliberately rather than in haste.
- Mr. Engeran-Cordova recommended the Commission send a letter to the Board advising the Commission's intent to provide OAPP with information on the RFP and to ask the Board to have OAPP incorporate it.
- Ms. Granai felt the point of the discussion was that the model was beyond the RFP, making the letter contradictory.
- Mr. Pérez said such a letter was beyond the Commission's purview because it undermined solicitation integrity since some Commissioners' agencies will be applying for the RFP. Further, requiring input could impact the timeline.
- Mr. Braswell suggested modifying the motion to communicate the Commission's desire to have input less formally.
- Mr. Engeran-Cordova said he would withdraw the motion so long as input was considered. He noted Commission work went into RFPs routinely through Standards of Care and allocations.
- Mr. Vincent-Jones said the Commission is responsible for the Continuum of Care, service model, priorities, allocations, standards and directives which are the basis for OAPP's RFPs. While the discussion has been about \$1 million, it touches on deeper issues. He also complimented the Commission on the quality of its discussion.
- ➡ Clarify that increasing prevalence/incidence is a criteria not met by SPA 1.
- ➡ Mr. Perez will report back to the Commission on the last date input can be incorporated in the RFP.
- ➡ On directives, Mr. Perez noted OAPP does not fund Housing, but works with HOPWA. Non-Ryan White funding should refer to recommendations, not directives. OAPP cannot share RFP templates due to conflict of interest issues.

MOTION #6: Adopt SPA 1 as an adversity sector, and approve the priorities and allocations for SPA 1, as presented (*Withdrawn*).

MOTION #6A (DeAugustine/Butler): Refer SPA 1 Service Model and Allocations back to the Priorities and Planning Committee for further discussion at its 4/28/2009 meeting or an earlier meeting, if needed, with Commissioners encouraged to attend, and bring a report back to either the 5/14/2009 Commission meeting or an earlier Special Commission meeting if needed (*Passed: 12 Ayes; 7 Opposed; 1 Abstention*).

MOTION #6B (Engeran-Cordova/Butler): Send a letter to the Board of Supervisors indicating the Commission's intention as a planning body to supply OAPP with information regarding the Commission's input to the solicitation of services in SPA 1 and request the Board to have OAPP incorporate Commission information into the RFP (*Withdrawn*).

B. Standards of Care (SOC) Committee:

1. Benefits Specialty Service Description:

- Ms. Cross, Benefits Consultant, noted the term is often used in multiple ways, so the service description is designed to ensure a consistent, comprehensive approach.
- Providers currently doing benefits specialty work generally engage clients one-on-one in specific areas, e.g., case management or legal, and collaborate little with each other. There are also third-party screeners who identify payers such as for hospital services, policy advocates and legal representatives.
- The standard emphasizes assistance with initial applications but, as the epidemic changes, continued management is needed to meet changes in life situations, programs and insurance, program re-certification or return-to-work. Sub-

populations like immigrants, veterans, the post-incarcerated, those with emotional or cognitive issues and those not disabled also have special needs. Yet, there are only five comprehensive Benefits Specialists countywide.

- Ms. Cross is starting a series of one-day benefits overview trainings for providers at the end of April 2009. These will enhance provider understanding and lay the groundwork for improved collaboration among related disciplines.
 - Next year's Benefits Specialty RFP will require certification through planned multi-day certification training.
2. **Benefits Specialty Service Standard of Care:** The standard was opened for public comment on revisions consistent with the new Benefits Specialty service definition.
 3. **ADAP Enrollment Standard of Care:** The standard was opened for public comment on revisions consistent with the new Benefits Specialty service definition.
 4. **Grievance Policy and Procedure:** The item was postponed.
 5. **Medical Care Coordination TA:** HRSA has approved the Technical Assistance request for Donna Yutzy to work with OAPP and the Commission on implementation of medical care coordination services.

C. Joint Public Policy (JPP) Committee: The next meeting will be 4/15/2009 from 2:00 to 5:00 pm.

1. **State/Medi-Cal Budget Reductions:**
 - Ms. Cross noted that the budget signed in February 2009 included both cuts effective 5/1/2009 for this year's budget and others effective 7/1/2009 for next year's budget.
 - The unusual circumstance of incoming funds from the federal Stimulus Act has also affected the process. The state set a 4/1/2009 trigger based on the Treasurer's evaluation that \$10 billion would be needed to rescind some of the planned May and July Health and Human Services cuts. The legislature announced on 3/26/2009 that the Treasurer's analysis indicates a likely shortage of \$2 billion. The trigger date is needed to meet legal notification requirements.
 - The Stimulus Act does require that states accepting funds to help fill Medicaid/Medi-Cal gaps maintain eligibility levels at July 2008 levels. That rescinds elimination of the Aged and Disabled Federal Poverty Level Medi-Cal Program that supports Medi-Cal with no share of cost as well as a few other eligibility requirement cuts.
 - Supplemental Security Income (SSI) for those with assets under \$2,000 is being reduced with the monthly \$907 individual rate cut to \$870 on 5/01/2009 and a further 2.3% on 7/01/2009. There will, however, be a one-time \$250 check funded by the Stimulus Act for those receiving SSI and Social Security including Disability Income (SSDI).
 - The In-Home Supportive Services worker rate is being reduced and services reduced for the moderately disabled.
 - Medi-Cal cuts scheduled for 7/01/2009 include adult dental, optometry, hearing aids, podiatry and chiropractic.
 - Budget advocacy continues. The Treasurer has recommended maintaining adult dental and IHHS as cutting those services would be cost-effective and would result in greater costs to the State.
- ➡ A Policy Brief on cuts is in the packet and will be distributed by email 4/10/2009.
2. **Early Treatment for HIV Act (ETHA):** Legislation and a Policy Brief were in the packet.

D. Operations Committee:

1. **By-Law Revisions:** The revisions update references to the Service Provider Networks, which have sunset, to provider groups and similar structural references.
MOTION #7: Approve proposed By-Law revisions, as presented (*Passed as part of the Consent Calendar*).

12. CONSUMER CAUCUS REPORT: The Caucus met following the Commission.

- A. **SPA 4 "Meet the Grantee" Meetings:** A flyer was in the packet for the 5/2/2009 meeting at West Hollywood Park.
- B. **"Meet the Grantee" Meetings Summary:** Summaries were in the packet for the meetings held in SPAs 1, 2 and 3.
- C. **Empowerment/Mobilization Conference:** About 35 people attended the 3/28/2009 conference. More are planned.

13. BENEFITS REPORT: There was no additional report.

14. EXECUTIVE DIRECTOR'S REPORT: There was no report.

15. OFFICE OF AIDS PROGRAMS AND POLICY REPORT: Mr. Pérez reported the Ryan White Part A YR 19 award had not yet been received, but was expected by 4/15/2009.

- A. **Performance-Based Contract Monitoring (PBCM):** The presentation was postponed.

16. HIV EPIDEMIOLOGY PROGRAM REPORT: There was no report.

17. STATE OFFICE OF AIDS (OA) REPORT: There was no report.

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18. PUBLIC HEALTH/HEALTH CARE AGENCY REPORTS: There were no reports.

19. PREVENTION PLANNING COMMITTEE (PPC) REPORT: There was no report.

20. SPA/DISTRICT REPORTS: There were no reports.

21. TASK FORCE REPORT:

A. Commission Task Forces: There were no reports.

B. Community Task Forces: There were no reports.

22. COMMISSION COMMENT: There were no additional comments.

23. ANNOUNCEMENTS: There were no announcements.

24. ADJOURNMENT: Mr. Braswell adjourned the meeting at 1:40 pm.

A. Roll Call (Present): Aviles, Aviña, Bailey, Ballesteros, Braswell, Butler, DeAugustine, Engeran-Cordova, Giugni, Goodman, Granai, Johnson, Kochems, Land, Liso, Long, Negrete, O'Brien, Orozco, Page, Pérez, Sotomayor, Younai

MOTION AND VOTING SUMMARY		
MOTION #1: Approve the Agenda Order.	<i>Passed by Consensus</i>	MOTION PASSED
MOTION #2: Approve the minutes from the March 12, 2009 Commission on HIV meeting.	<i>Passed by Consensus</i>	MOTION PASSED
MOTION #3: Approve the Consent Calendar.	<i>Passed by Consensus</i>	MOTION PASSED
MOTION #4: Accept OAPP's annual financial reports for 2008, as presented.	<i>Passed by Consensus</i>	MOTION PASSED
MOTION #5: Approve FY 2009 re-allocations plan resulting from unspent Benefits Specialty services, as presented.	<i>Passed by Consensus</i>	MOTION PASSED
MOTION #6: Adopt SPA 1 as an adversity sector, and approve the priorities and allocations for SPA 1, as presented.	<i>Withdrawn</i>	MOTION WITHDRAWN
MOTION #6A: Refer SPA 1 Service Model and Allocations back to the Priorities and Planning Committee for further discussion at its 4/28/2009 meeting or an earlier meeting, if needed, with Commissioners encouraged to attend, and bring a report back to either the 5/14/2009 Commission meeting or an earlier Special Commission meeting, if needed.	<i>Ayes:</i> Aviña, Bailey, Ballesteros, Butler, DeAugustine, Engeran-Cordova, Giugni, Goodman, Johnson, Liso, O'Brien, Younai <i>Opposed:</i> Braswell, Granai, Land, Negrete, Orozco, Page, Sotomayor <i>Abstentions:</i> Long	MOTION PASSED Ayes: 12 Opposed: 7 Abstention: 1
MOTION #6B: (Engeran-Cordova/Butler): Send a letter to the Board of Supervisors indicating the Commission's intention to supply OAPP with information regarding the Commission's input to the solicitation of services in SPA 1 as a service planning body and the Commission would like the Board to have OAPP incorporate that information into the RFP.	<i>Withdrawn</i>	MOTION WITHDRAWN
MOTION #7: Approve proposed By-Law revisions, as presented.	<i>Passed as part of the Consent Calendar</i>	MOTION PASSED